

**Klein, Carolyn@DCA**

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**From:** Anne Huntzinger [huntzingersf@att.net]  
**Sent:** Monday, May 30, 2011 1:16 PM  
**To:** Klein, Carolyn@DCA  
**Subject:** Interpreter Services

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Good Day Ms Klein,

As a California registered pharmacist I'm concerned about the implementation of 1707.6 (c) regarding interpreter services at pharmacies. Although well intentioned this law will likely increase the likelihood of dispensed medications as well as increase the incidence of consumer misinformation. Why? Regarding medication errors because it is one more task overburdened pharmacist must manage, especially with the "no fee" caveat that guarantees there will not be technical assistance in order to make up the costs somewhere. Regarding consumer misinformation, there are not enough translators available that are appropriately trained in pharmaceutical terminology. Sure, there may be some translators who are somewhat proficient, but how many will have the knowledge and education to provide appropriate counseling?

As the son of an immigrant and as someone who is married to a first generation American I'm sensitive to language and cultural issues; however, passing of this law is not the solution. The solution is immersion in the predominant language.

Sincerely,

Paul E. Huntzinger, R.Ph.  
Daly City

5/31/2011

**Klein, Carolyn@DCA**

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**From:** Peter Scalet [Peter.Scalet@enloe.org]

**Sent:** Tuesday, May 31, 2011 12:14 PM

**To:** Klein, Carolyn@DCA

**Subject:** To Amend §1707.2 in Article 2 of Division 17 of Title 16 of the California Code of Regulations

I noticed that the religious exemption for filling a prescription on the Notice to Consumers has been removed. I request that this religious exemption, a First Amendment right, be placed back on the Notice to Consumers poster to help prevent a misunderstanding.

Peter Scalet  
81 Cinder Cone Loop  
Chico, CA 95973

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5/31/2011

**Klein, Carolyn@DCA**

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**From:** Luis Miguel [luis@avantpage.com]  
**Sent:** Friday, June 03, 2011 7:15 AM  
**To:** Klein, Carolyn@DCA  
**Subject:** I Support Translated Patient Notices about Prescription Drug Labels

Dear Ms Klein,

I thank the Board for requiring pharmacies to provide translated notices about the rights of patients to no-cost interpreter services and larger, 12-point font size for prescription drug labels. Offering the notices in at least 12 different languages is a good first step. Proper notification of the rights to interpreter services and larger font sizes is essential for all patients to understand how to take their medication effectively and safely.

As the Board considers the translated notices, they should ***adopt a language threshold*** that includes all languages spoken by at least 20,000 or more limited-English-proficient health consumers in order to reach the broadest number of patients and more accurately reflect California's changing demographics.

Thanks,  
/luis

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**Luis Miguel, PhD** | CEO | [luis@avantpage.com](mailto:luis@avantpage.com)

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6/3/2011

**Klein, Carolyn@DCA**

**From:** Michael Negrete [mnegrete@pharmacyfoundation.org]  
**Sent:** Monday, June 06, 2011 3:09 PM  
**To:** Klein, Carolyn@DCA  
**Cc:** Sodergren, Anne@DCA; Herold, Virginia@DCA  
**Subject:** Pharmacy "Notice to Consumers"  
**Attachments:** RPh-Consumer Consult Mtg Report2.pdf

Hi. I'm glad to hear that the notice is going to be revised. I wonder however if additional time could be built into the process to allow for some consumer testing of the proposed language to explore issues including health literacy, relative importance of various messages (to help determine the order and size of each statement), etc.

I'm particularly interested in studying the following text which I believe contains the most important information that ALL medication-using consumers need to see:

"Before taking your medicine, be sure you know: the name of the medicine and what it does; how and when to take it, for how long, and what to do if you miss a dose; possible side effects and what you should do if they occur; whether the new medicine will work safely with other medicines or supplements; and what foods, drinks, or activities should be avoided while taking the medicine. Ask the pharmacist if you have any questions."

My basic concern is that this information is not presented in a manner that helps ensure consumers will see it, read/understand it and its importance, and act upon it.

It just so happens that a member of my Board of Directors (Beccah Rothschild, MPA) is the Director of Health Literacy Projects for UC Berkeley's Health Research for Action which has extensive experience in the evaluation and design of such messages. If the Board was willing to extend the revision process for a few months, Beccah and I would be interested in securing grant funding to perform an evaluation of the language as proposed, and provide the Board of Pharmacy with suggestions for improving the language. Would such an "extension" be possible?

Thanks so much,  
Mike

P.S. On a related but separate note, I also believe the notice should include a statement clearly notifying consumers that pharmacists are required to provide them with a consultation on all new prescriptions. Perhaps the very first statement in the poster should be "California law requires a pharmacist to speak with you every time you get a new prescription." For more background on this issue, please see the attached report from a meeting we recently held with a multi-stakeholder group.

**Michael J. Negrete, PharmD**

**CEO, Pharmacy Foundation of California**  
[a 501\(c\)\(3\) tax exempt public benefit corporation EIN 94-9813729](#)  
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## **Meeting Summary**

On February 22, 2011, the non-profit Pharmacy Foundation of California (PFC) convened a meeting of key consumer and pharmacy stakeholders to discuss the problem of suboptimal medication use in the outpatient setting, and the role of pharmacist-patient consultations in improving medication safety and effectiveness. With the assistance of individuals from the National Association of Chain Drug Stores (NACDS), the California Alliance of Retired Americans (CARA), the California Pharmacists Association (CPhA) and AARP, PFC was able to gather more than 25 leaders representing consumers, employee pharmacists, and pharmacy management to:

- Share and discuss research related to the scope, causes and consequences of suboptimal medication use in the outpatient setting
- Review existing regulatory requirements and standards of practice related to pharmacist-patient consultations on new prescriptions
- Identify opportunities for consumer and pharmacy stakeholders to collaborate with one another on efforts to maximize the value of pharmacist-patient consultations to improve the safety and effectiveness of medication use in the outpatient setting.

The following is a summary of the meeting and its outcomes:

### **Meeting Goals and Introductions**

Dr. Michael Negrete, PFC's CEO, welcomed everyone and invited each participant to provide a brief introduction of themselves and any organizations they were representing. Michael then provided background on PFC and its mission to "improve and protect the public's health in manners related to pharmacy." Many of PFC's current efforts now focus on promoting safe and effective medication use, specifically in the outpatient/community setting.

### **The Latest Research on Suboptimal Medication Use**

In order to establish a common foundation for the meeting's discussions, Dr. Negrete provided a brief presentation regarding the scope and consequences of suboptimal medication use. Key points of his remarks were that:

- Medications have a tremendous potential to cure and manage serious health problems, many of which were previously only able to be treated through expensive and sometimes risky surgical procedures.

- Much of the potential for medications to cure or effectively manage these serious health problems remains untapped. According to the National Committee on Quality Assurance, many Americans do not receive appropriate preventative medication therapy for conditions like high cholesterol, diabetes and blood pressure. Research shows that as many as three-out-of-four Americans do not take their medications as prescribed.
- The human and financial costs associated with improper medication use are staggering. According to the Institute of Medicine, 1.5 million Americans are injured or killed every year by a preventable medication problem, and the New England Health Institute estimates the total costs associated with inappropriate medication use to exceed \$290 billion a year.
- A variety of societal factors including the aging of the US population and the increasing incidence of chronic disease indicates these problems will only worsen unless something is done to address them.

### **Pharmacist-Patient Consultation Requirements and Practice Standards**

Dr. Negrete then described how effective pharmacist-patient consultations on new prescriptions can help address these problems by:

- Ensuring consumers understand the value of the medication, how best to take it to maximize its benefit and reduce the risk of medication-related problems (e.g. side effects and interactions), and what to watch for to ensure they receive the best possible benefit with the smallest chance for serious problems.
- Providing one last check to ensure there were no problems with how the medication was prescribed or dispensed. These include drug-drug interactions, drug-disease interactions, incorrect medication or dose selection, incorrect instructions, and ensuring that the consumer leaves the pharmacy with the right person's medication.

To provide attendees with a common foundation for what a pharmacist-patient consultation for a new prescription should look like, Dr. Negrete reviewed the pertinent section of the California Code of Regulations, Division 17, Title 16, Article 2, Section 1707.2. Specifically highlighted were the following:

- “A pharmacist shall provide oral consultation to his or her patient or the patient’s agent in any care setting in which the patient or agent is present:
  - Whenever the prescription drug has not previously been dispensed to a patient; or
  - Whenever a prescription drug not previously dispensed to a patient in the same dosage form, strength or with the same written directions, is dispensed by the pharmacy.”
- “When oral consultation is provided, it shall include at least the following:
  - Directions for use and storage and importance of compliance with directions; and
  - Precautions and relevant warnings, including common severe side or adverse effects or interactions that may be encountered.”

Dr. Negrete also briefly reviewed the printed “Notice to Consumers” that is required to be prominently posted in a place conspicuous to and readable by prescription drug consumers.<sup>1</sup> This notice states that consumers should speak with the pharmacist before taking any prescription medication, and lists 5 questions they should be able to answer about their medication.

### **Varying Perspectives – Opportunities and Challenges**

Before introducing other individuals to provide the consumer, pharmacist and pharmacy management perspectives on the issue, Dr. Negrete asked whether the attendees could agree on the following four critical points:

- The current situation regarding medication use in the outpatient setting is neither acceptable nor sustainable, and we collectively have the ability to improve it.
- The current situation is not the fault of any individuals or group of individuals doing something “bad” or “wrong.”
- How the current situation came to exist is not important – the focus of this meeting is on what we can do together to improve it through the use of pharmacist-patient consultations.
- We are all here to be a contribution to the identification of possible solutions.

Consensus around these four points was quickly achieved and Dr. Negrete introduced three individuals to present varying perspectives on the issues at hand: Michael Lyons from the California Alliance of Retired Americans; Mark Raus, PharmD from the Independent Pharmacists Association (a pharmacist labor organization); and Flint Pendergraft, VP of Pharmacy and Wellness at Raley’s, Inc. Key points identified during the presentations and related discussions were as follows:<sup>2</sup>

- While consumers may need additional assistance regarding the safe and effective use of medications, many do not realize it, have a willingness to acknowledge it, and/or know where to receive it (i.e. many consumers are unaware of their right to receive a pharmacist consultation and the value it should provide).
- The workload and workflow within a pharmacy can be highly variable, making it difficult to consistently balance consumer ‘needs’ for consultation and ‘wants’ for prompt service.
- This variability combined with high turn-over of pharmacy staff can make it difficult to ensure consistency in training and service.
- Staff turnover can be particularly high among individuals working the cash register. This is particularly problematic because:

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<sup>1</sup> A copy of the notice is included in Attachment I

<sup>2</sup> Many other important issues were identified during the discussion but were not specifically related to pharmacist-patient consultations, so they are not included in this list. They are however included in Attachment II.

- They are often the critical interface between the consumer and pharmacist, being responsible for identifying when a new prescription is being collected and initiating the actual pharmacist-patient consultation.
- Their direct contact with consumers can make them particularly sensitive to consumer demand for prompt service, pressuring them to prioritize those wants over the needs for consultation.
- Some pharmacists may be reluctant to speak with patients due to concerns about liability. Specifically, some pharmacists may worry about:
  - Providing information which leads the patient to do something that causes harm, and/or
  - Having the patient provide them with information about a problem (e.g. a potential drug interaction) which they would feel they are alone in having to resolve.
- It is not uncommon for the both pharmacist and the patient to be unaware of why a medication was prescribed. Not knowing a medication's intended purpose severely limits the utility and impact of a consultation.

### **Case-Study – One Organization's Effort to Realize the Potential of Pharmacist-Patient Consultations**

Dr. Negrete introduced Elizabeth Oyekan, PharmD, who is currently working on an initiative within Kaiser Permanente to improve the quality and consistency of pharmacist-patient consultations in their outpatient pharmacies. Dr. Negrete commented that Kaiser has been particularly committed to pharmacist-patient consultations since 1998 when a study they performed with the University of Southern California demonstrated the ability of consultations to reduce hospital admissions and overall healthcare costs.<sup>3</sup>

With regard to consultations for new prescriptions, Kaiser has initiated a “Basic Pharmacist Consultation Interactive Training Program” which is designed to “ensure the consistency and quality of the pharmacist's consultation and enhance the patient care experience and health outcomes.” The program provides a standardized structure for consultations which includes three components:

1. Identify – Introduce self, verify patient, screen for allergies, and confirm the “five rights” (right patient, right medication, right dose, right route of administration, right time).
2. Question – “What did the doctor tell you the medication is for?”
3. Review - Confirm the purpose of the medication, directions for use, importance of taking medication as prescribed.

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<sup>3</sup>KA Johnson, JP Parker, JS McCombs, and M Cody. The Kaiser Permanente/USC Patient Consultation Study: patient satisfaction with pharmaceutical services. American Journal of Health-System Pharmacy, Vol 55, Issue 24, 2621-2629



Dr. Oyekan was asked how their pharmacists were responding to this program and she replied that there have been no major issues. She attributes the positive response to the standardized format improving not just the quality of consultations but their efficiency as well. (Once trained, a pharmacist can generally complete a basic consultation in ~90 seconds).

Dr. Oyekan then discussed another campaign Kaiser is pursuing specifically to reduce the frequency with which patients do not pick up newly prescribed medications (primary non-adherence), and medication refills (secondary non-adherence). The campaign involves training providers to use a checklist to facilitate a dialogue with patients for the purpose of identifying and overcoming issues that may contribute to medication non-adherence. This “B-SMART” check list covers six specific points:

- Barriers: Identify barriers and assess readiness to change
- Solutions: Provide targeted solutions to adherence challenges
- Motivation: Help patients to help themselves – goal setting and self-management
- Adherence Tools: Provide tools, including pill boxes, reminder calls, alarm systems, etc.
- Relationships & Roles: Establish and maintain positive patient-provider relationships and understand the roles of each team member, including the patient
- Triage: Direct patients to other resources in the broader healthcare system for support, education, and monitoring (health education, care management, etc.)

Dr. Oyekan stated that both programs are still relatively new, so the impact they are having on patient care is still being measured.

## **Opportunities**

Dr. Negrete invited attendees to divide into two smaller work groups and use the information presented during the morning’s sessions as a foundation to identify practical activities that consumer and pharmacy stakeholders could pursue together to better leverage pharmacist-patient consultations in the promotion of safe and effective medication use. After approximately one hour, the two groups came together and each presented their work. Key points from the group reports and related discussion were:

- Consumers must be better informed about the importance of a pharmacist consultation and their right to receive it.
  - Efforts to educate consumers about these issues should not be limited to pharmacies. As one consumer advocate poignantly remarked, “consumers, pharmacists and doctors are all in this together and it’s up to everyone to do their part to improve communication.” Specific non-pharmacy opportunities to accomplish this were:

- *In the medical office:* Educate prescribers to indicate on the prescription what the purpose of a medication is and when a consultation, translation or large font size is needed.
- *In the community:* Work with community-based organizations to organize informational events or health fairs. Have pharmacy organizations sponsor “pharmacy education days,” and/or a set of public service announcements.
- Several “in-pharmacy” educational opportunities were also identified:
  - “*Notice to Consumers*” – Participants found the mandated posters to be neither eye-catching, nor compelling. It was suggested that they be redesigned and additional communication strategies be explored such as:
    - Short messages prominently displayed at the prescription drop-off and/or pick up window which convey the importance and value of pharmacist consultations, and the consumer’s right to receive them.
    - Brief informational videos (such as one currently being tested in Ralphs Pharmacies) played on a loop in the pharmacy drop-off or waiting area.

- *Consumer acknowledgement of consultation refusals* - It can be very tempting for busy consumers in busy pharmacies to just say they don’t need to speak with the pharmacist. Rather than have them simply provide a signature to document their refusal, perhaps they should be asked to initial a few brief statements such as:

“I do not need to speak with the pharmacist about:  
 \_\_\_ WHY I need to take this medication,  
 \_\_\_ WHEN and HOW to take it,  
 \_\_\_ WHAT side effects to watch out for,  
 \_\_\_ WHERE to store it.”

Being asked to acknowledge such statements may provide consumers with an appreciation for the importance of a consultation and prompt them to reconsider leaving the pharmacy without one.

Another strategy offered to promote pharmacist-patient interaction is to require that patients provide documentation of their refusal directly to a pharmacist. Such requirements have reportedly been established in other states.

- *Modified Workflow* – In most pharmacies, pharmacists appear to spend the vast majority of time performing duties “behind the counter,” far away from the consultation area. This type of set-up can add to consultation-related challenges as it creates physical and psychological distance between pharmacists and patients, especially in pharmacies with a drive-thru. Several attendees cited alternative workflow models which close this distance by limiting a pharmacist’s responsibilities to tasks that can be performed at or very near

the consultation area. Such workflow designs can provide the added benefit of reducing time that is lost when pharmacists are required to repeatedly walk from one end of the pharmacy to the other.

- *Improved Communication among Pharmacy Staff and Management*
  - It appears that a lot of erroneous assumptions may be made between pharmacy support staff, pharmacists, pharmacy managers and corporate managers regarding each other's expectations related to the importance of consultations and consultation-related processes and practices. Additionally, while some pharmacists may recognize breakdowns occurring in their pharmacies, many do not know how to productively address them with their staff and/or management. To help pharmacists identify and resolve these types of issues, efforts should be made to ensure pharmacists are aware of, and have access to, support programs such as CPhA's new *Employed Pharmacist Resource Program*.
  - Pharmacists should also be given clear guidance on how to triage problems that arise during a consultation which cannot be adequately addressed in a 1-2 minute conversation at the pharmacy counter. It was believed that providing this kind of "back-up" would encourage some pharmacists whose reluctance to provide consultations stems from a concern about uncovering problems which they will not have the time to resolve. Such a process could also prove to be a valuable tool to introduce consumers to a pharmacy's medication therapy management program.
- *Clarity of information* - When consultations do occur, information needs to be effectively communicated. Specifically, consumers and pharmacy staff should be better informed about requesting or offering/accessing assistance for special populations. Examples discussed were:
  - *For non-English speakers:* Translation services (telephonic or otherwise), lists of translations for the most common medication instructions, etc.
  - *For the visually impaired:* Larger font sizes on prescription labels, "talking" prescription vials and caps, special magnifiers, etc.

## **Closing/Next Steps**

Dr. Negrete stated that he would develop a written summary of the meeting and then follow up individually with key stakeholders to identify the most promising collaborative opportunities to move forward. At that point, Dr. Negrete would reconvene interested members of this group to pursue specific actions.

With that, Dr. Negrete thanked the attendees for their participation and for the valuable input they provided on working together to leverage pharmacist-patient consultations to promote safer, more effective medication use.

## ATTACHMENT I – NOTICE TO CONSUMERS

NOTICE  
TO CONSUMERS

# KNOW YOUR RIGHTS

UNDER CALIFORNIA LAW CONCERNING MEDICINE  
AND DEVICES PRESCRIBED TO YOU.

**YOU HAVE THE RIGHT TO RECEIVE  
MEDICINE AND DEVICES LEGALLY  
PRESCRIBED TO YOU, UNLESS:**

- ❶ The medicine or device is not in stock in the pharmacy.
- ❷ The pharmacist, based upon his or her professional judgment determines providing the item:  
*Is against the law, could cause a harmful drug interaction or could have a harmful effect on your health.*



This pharmacist may decline to fill your prescription for ethical, moral or religious reasons, but the pharmacy is required to help you get the prescription filled at this or another nearby pharmacy timely. The pharmacy may decline to provide the medicine or device if it is not covered by your insurance or if you are unable to pay for the item or any copayment you owe.

If the pharmacy is unable to fill your prescription, you are entitled to have the prescription returned to you or transferred to another nearby pharmacy. Ask about our procedure to help you get an item that we don't have in stock.

ANY QUESTIONS? ASK THE PHARMACIST!

NOTICE  
TO CONSUMERS

# WHAT ARE YOU TAKING?

BEFORE TAKING ANY PRESCRIPTION MEDICINE, TALK TO YOUR  
PHARMACIST; BE SURE YOU KNOW THE FOLLOWING:

- ❶ What is the name of the medicine and what does it do?
- ❷ How and when do I take it—and for how long? What if I miss a dose?
- ❸ What are the possible side effects and what should I do if they occur?
- ❹ Will the new medicine work safely with other medicines and herbal supplements I am taking?
- ❺ What foods, drinks or activities should I avoid while taking this medicine?

At your request, this pharmacy will provide its current retail price of any prescription without obligation. You may request price information in person or by telephone. Ask your pharmacist if a lower-cost generic drug is available to fill your prescription. Prescription prices for the same drug vary from pharmacy to pharmacy. One reason for differences in price is differences in services provided.



ASK YOUR PHARMACIST IF YOU HAVE ADDITIONAL QUESTIONS.

## ATTACHMENT II – ADDITIONAL ITEMS FOR FUTURE DISCUSSION

- **Consultation on Medication Refills** – While this meeting was focused on consultations for new prescriptions, attendees also expressed a concern regarding inadequate medication monitoring/follow-up for patients on long-term medications. It was questioned what role proactive, pharmacist-initiated consultations on refills could play in addressing this significant and growing challenge. This could be particularly important within the context of “auto-refills” where pharmacies initiate a refill of a medication before the patient requests it. Especially when the refill is for a 90-day supply of medicine.
- **Polypharmacy** – Attendees expressed concern that increasing numbers of people obtain medications from multiple prescribers and multiple pharmacies. It was suggested that consumers be encouraged to use a single pharmacy whenever possible to reduce the risk of unintentional medication duplications or interactions.
- **Medication Therapy Management Programs** – Virtually every company providing a prescription drug benefit under Medicare must provide a program of medication therapy management (MTM) for targeted beneficiaries (i.e. those who have multiple chronic conditions, take multiple medications, and are likely to receive more than \$3,000 worth of covered drugs over the course of the year). In 2011, plans must automatically enroll individuals who fit their criteria into an MTM program and offer an interactive comprehensive medication review with a pharmacist or other qualified provider at no cost to the patient. While these benefits are not new, very few beneficiaries appear to be aware of them. The group discussed the potential for consumer and pharmacy stakeholders to collaborate on efforts to increase consumer awareness of such programs, and possibly work together to expand the availability MTM benefits within Medicare and beyond.
- **Printed Medication Information** – Poor “usability” of written information provided with a prescription was brought up several times. Common complaints included:
  - *Excessive amounts* – Handouts were often perceived to be too long. In addition, multiple handouts are sometimes provided, adding to the complexity and confusion. Several attendees remarked that a simple, one-page handout would be most useful.
  - *Readability* – The text is often too small and presented in a manner that makes it difficult to find specific pieces of information.
  - *Understandability* – Information is often not “patient centered” and is of no use when provided in a language and/or grade level the person cannot understand.
- **Patient Profiles:** California regulation requires that a pharmacist review a patient’s medication record before each prescription drug is delivered to screen for severe potential drug therapy problems. Regulations also require that a patient’s profile contain “patient allergies, idiosyncrasies, current medications and relevant prior medications including nonprescription medications and relevant devices, or medical conditions which are communicated by the patient or the patient's agent.” Attendees expressed concern that information contained in many patient profiles may be incomplete and/or outdated, and suggested that strategies be explored to improve the completeness and accuracy of such profiles.

- **Proper Disposal of Unused/Expired Medication** – Many consumers expressed a significant need to help consumers properly dispose of old medication in a safe and environmentally conscious manner.
- **Transitions in Care** – Medications frequently change when a person moves from one care setting to another, and such changes have been shown to increase the risk of medication-related problems. Consequently, strategies to provide appropriate medication-related education and monitoring during a care transition should be explored.
- **Direct-to-Consumer Advertising** – Some attendees questioned whether the benefits of this practice really outweigh its costs and potential risks.

## Klein, Carolyn@DCA

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**From:** Herold, Virginia@DCA  
**Sent:** Monday, June 13, 2011 9:36 AM  
**To:** Klein, Carolyn@DCA  
**Subject:** Fw: CA State Board of Pharmacy Subscriber Alert

----- Original Message -----

From: Mike A. Podgurski <mpodgurski@riteaid.com>  
To: Herold, Virginia@DCA  
Sent: Mon Jun 13 05:46:31 2011  
Subject: FW: CA State Board of Pharmacy Subscriber Alert

Any chance of the language being "or similar" where the patient points to their language.  
Our brochure, which you have, is not EXACTLY the same.

-----Original Message-----

From: General Board of Pharmacy Subscriber List [mailto:PHARM-GENERAL@listserv.dca.ca.gov] On Behalf Of Board of Pharmacy  
Sent: Friday, May 06, 2011 4:49 PM  
To: PHARM-GENERAL@listserv.dca.ca.gov  
Subject: CA State Board of Pharmacy Subscriber Alert

The Board of Pharmacy has released a Notice of Proposed Action to add Title 16 to the California Code of Regulations Section 1727.2 and to amend Section 1728 related to requirements for Intern Pharmacist Applicants and Pharmacist Exam Applicants.

The Board of Pharmacy will accept comments to the proposed text until 5:00 p.m. on Monday, June 20, 2011.

Please click on the link below to view all documents associated with this proposed regulatory action and other pending regulations or newly approved regulations.

[http://www.pharmacy.ca.gov/laws\\_regs/regulations.shtml](http://www.pharmacy.ca.gov/laws_regs/regulations.shtml)

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<https://www.dca.ca.gov/webapps/pharmacy/subscribe.php>

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**Klein, Carolyn@DCA**

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**From:** Richard Sakai [RSakai@childrenscentralcal.org]  
**Sent:** Thursday, June 16, 2011 5:33 PM  
**To:** Sodergren, Anne@DCA; Klein, Carolyn@DCA  
**Cc:** Herold, Virginia@DCA; serpam@sutterhealth.org  
**Subject:** To Amend §1707.2 in Article 2 of Division 17 of Title 16 of the California Code of Regulations

Ms. Klein

I would like to provide several comments for the Board's consideration.

1, In the hospital setting, there is limited prescription dispensing and no formal pickup area such as in the case of a traditional retail pharmacy. In some cases, hospitals may relabel an item for home use. We undergo the same process and record keeping for this prescription as would a retail pharmacy. The medication is actually delivered to the patient/caregiver at the bedside. They do not pick the medication up from the pharmacy. - Where does the posting of the notice need to be or can a hospital pharmacy that provides a "limited" retail prescription service request an exemption from this regulation. My initial thoughts are that if the organizations that do not have a specific area where patients come to pick up retail pharmacy prescriptions, this would qualify to request an exemption from the need to post this information.

2. Physician Offices who dispense medications - Are they required to provide these services and also post this information to the consumer?

3. Interestingly, it lists twelve languages for which interpretation must be provided. Although English was not listed, I assume that English would be 13 languages. Also I assume that the language used in the poster would be English and not in any other language. Ironically, if you need interpretation in another language, how can one read the notice which is in English to understand these services are to be offered in other languages? Just a thought.

Richard I. Sakai, Pharm.D., FASHP, FCSHP  
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6/17/2011



**Klein, Carolyn@DCA**

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**From:** Amy Brotzman [abrotzman@gmail.com]  
**Sent:** Monday, June 27, 2011 9:41 AM  
**To:** Klein, Carolyn@DCA  
**Subject:** Interpreter notices

Pharmacy should provide notice to patients that they may have an interpreter for all 12 languages. It should not be based on a threshold as many who need services may not be those who speak and understand languages of the larger group of individuals. The smaller groups of individuals who speak non prevalent languages may be in need of this type of information at a greater level. Amy Brotzman

Sent from my iPad



RECEIVED BY CALIF  
BOARD OF PHARMACY  
**CPEHN**

JUL 11 AM 8:34

July 8, 2011

**BOARD OF DIRECTORS**

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San Francisco General Hospital;  
Assistant Clinical Professor of Medicine  
Division of General Internal Medicine  
University of California  
San Francisco

James Allen Crouch, MPH  
Executive Director  
California Rural  
Indian Health Board

Saúl Acosta Gómez, MPA  
Director of Policy  
Center for Energy Efficiency &  
Renewable Technologies

B. Darcel Harris  
Executive Director  
California Black Health Network

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Director of the Having Our Say Coalition  
and Senior Policy Analyst

President and Members of the Board of Pharmacy  
c/o Carolyn Klein, Manager, Legislation and Regulations  
California State Board of Pharmacy  
1625 N. Market Blvd., N219  
Sacramento, CA 95834  
Fax: (916) 574-8618

**Re: California Code of Regulations Section 1707.5 Relating to Patient-Centered Prescription Container Labels: Notices to Consumers**

Dear President and Members of the California Board of Pharmacy:

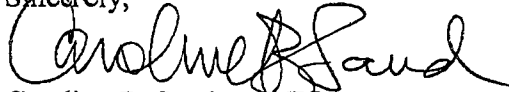
On behalf of the California Pan-Ethnic Health Network (CPEHN), we write to commend the Board for requiring California pharmacies to provide translated notices about the rights of patients to no-cost interpreter services and larger, 12-point font size for prescription drug labels. Offering these consumer notices in at least 12 different languages is a good first step. Proper notification of the rights to interpreter services and larger font sizes is essential for all patients to understand how to take their medication effectively and safely and will positively impact the health and safety of consumers, including the 40% of Californians who speak a language other than English at home.

As the Board considers translation of consumer notices, we urge them to *adopt a language threshold* rather than a set list of languages in which to offer the translated notices as it will allow the state to reach the broadest number of patients while more accurately reflecting California's changing demographics. Specifically, we urge the Board to amend § 1707.6. Notice to Consumers (c) to require that notices "be translated into languages spoken by at least 20,000 or more limited-English-proficient Californians." CPEHN's calculations using the data currently available show that adopting this 20,000 threshold would add just five more languages to the list of translated notices: French, Portuguese, Hindi, Japanese and Thai.<sup>1</sup> The Board should be able to calculate the list using U.S. Census Bureau 2010 data which will be available in July or August of this year.

<sup>1</sup>U.S. Census Bureau, 2007-2009 American Community Survey 3-Year Estimates, California: Category: Language Spoken at Home by Ability to Speak English for the Population 5+ Years

Adopting this recommendation will increase consumer protections and improve the health, safety, and well-being of consumers. We strongly urge the Board to approve this amendment at the next Board meeting. Thank you for receiving these comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Caroline Sanders", written over the printed name.

Caroline B. Sanders, MPP  
Director of Policy Analysis

# California State Senate

SENATOR ELLEN M. CORBETT

MAJORITY LEADER

REPRESENTING ALAMEDA AND SANTA CLARA COUNTIES

RECEIVED BY CALIF  
BOARD OF PHARMACY  
2011 JUL 13 PM 2:56

July 7, 2011

Ms. Carolyn Klein  
California Board of Pharmacy  
1625 N. Market Boulevard, Suite N 219  
Sacramento, CA 95834

Dear Ms. Klein:

I am writing to comment on regulations currently pending before the Board of Pharmacy ("Board") regarding notices that must be provided by pharmacies to patients in California.

As a result of legislation I authored in 2007, Senate Bill 472, the Board recently promulgated regulations that require a standardized, patient-centered, prescription drug label on every prescription medication dispensed in California. The regulations require certain items on a prescription drug container label to be printed in at least 10-point font, establish a standard format for prescription drug container labels, and give patients the right to receive oral language interpretive services at no cost. The regulations also allow patients to request larger 12-point font on their prescription drug container labels.

I am disappointed that these regulations did not require all patients to receive the larger font without a special request. However, in the absence of that requirement, effective notice is necessary for the law to have the impact it should. Current law does not require pharmacies to post notices informing consumers of their rights, or to translate those notices into languages other than English. The Board's pending proposal would implement such requirements.

I want to thank the Board for requiring pharmacies to provide translated notices about the rights of patients to have interpreter services and larger font in at least 12 languages: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Korean, Mandarin, Russian, Spanish, Tagalog, and Vietnamese. Offering notices in these languages is a good first step to implementing SB 472's goal of providing consumer information to limited English-proficient patients.

Carolyn Klein – California Board of Pharmacy

July 7, 2011

Page 2 of 2

As the Board considers the patient's right to translated notices, I urge the Board to add language to the regulation establishing ***an objective threshold*** for when it will be necessary for a pharmacy to provide notices in additional languages. Specifically, the regulation should say that a pharmacy must provide a notice translated into any language the Board determines, based upon the most recent United States census data, is spoken by at least 20,000 residents of California. This additional language is necessary to ensure limited English-proficient patients have access to crucial information, and more accurately reflect California's changing demographics.

I care deeply about this issue, and plan to follow the development of these regulations – and the availability of patient-centered pharmacy labels to the public – closely to determine whether additional legislation is necessary. I look forward to your assessment as to how well the pharmacies are meeting the intent of the law to ensure patients are fully informed about the prescription medications they take. In the meantime, I strongly urge you to incorporate this suggestion into the pending regulation regarding patient notice. Thank you for your careful review of this important regulation.

Sincerely,

A handwritten signature in black ink, reading "Ellen M. Corbett". The signature is fluid and cursive, with the first name "Ellen" and last name "Corbett" clearly legible.

ELLEN M. CORBETT  
Senate Majority Leader

EMC:aym